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**KAY GRANGER**

12TH DISTRICT, TEXAS



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#### **Letter to CMS**

In February, the Centers for Medicare and Medicaid Services (CMS) announced a proposed coverage decision stating that computed tomography colonography (CTC) screenings, also known as virtual colonoscopies, should not be a procedure covered by Medicare. CTC is a noninvasive screening method that is used in detection of colorectal cancer, the second-leading cause of cancer deaths in the United States. I strongly oppose this action and lead a letter with Rep. Kennedy to CMS urging them to carefully review the decision that would deny beneficiaries access to a safe, efficient and cost effective screening method that has the potential to save American lives. Many Americans forgo the colorectal screening process due to the invasive nature of other screening options, so an alternative must be supported in order to increase the number of Americans who get screened. Currently just 50% of those who should be screened are screened, and only 39% of colon cancer patients have their cancers detected at an early stage. The lack of early screening and detection results in a much higher mortality rate for this disease than there ought to be. Colorectal cancer can be prevented through the early identification and removal of pre-cancerous polyps, detectable only through colorectal cancer screenings.

#### **Colorectal Cancer Prevention, Early Detection, and Treatment Act (H.R. 1189)**

In 2005, the Centers for Disease Control and Prevention established a demonstration colorectal cancer screening program at five sites across the United States to learn about the feasibility of delivering screening and follow-up services to the population of low-income, uninsured, and underinsured individuals. The Colorectal Cancer Prevention, Early Detection, and Treatment Act is designed to expand that successful demonstration program which is scheduled to end this year by authorizing funding for a nationwide colorectal cancer screening and treatment program. The program will be similar to the national breast and cervical cancer screening programs. According to a study by The Lewin Group, the provision **this bill will save Medicare billions of dollars** (every 10 years, a colorectal screening program is expected to save 1.5 years worth of Medicare expenditures). The bill is supported by a number of groups including the American Cancer Society, the Prevent Cancer Foundation, the American Gastroenterological Association, and C3: Colorectal Cancer Coalition.

#### **Medical Economic Deferment for Student (MEDS) Act**

I am joining with Rep. Vernon Ehlers (R-MI) to introduce this bill next week. We are introducing the bill in response to the announcement from the U.S. Department of Education that they plan to eliminate the economic hardship deferment's debt-to-income ratio (known as the "20/220 pathway") as of July 1, 2009. This bill will reinstate the "20/220 pathway" which allows medical residents to postpone repayment of their federal educational loans during the first three years of their residency training without the additional interest penalties of forbearance. Currently, more than two-thirds of medical residents qualify for the economic hardship deferment under the 20/220 pathway. The 20/220 pathway is an important way to help ease the financial burden faced by medical residents and hopefully encourage more medical students to enter practice as primary care physicians.

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## CONTACT INFORMATION

### Washington DC Office

320 Cannon HOB  
Washington, DC 20515  
Ph. 202-225-5071  
Fax 202-225-5683

### District Office

1701 River Run Road, Suite 407  
Fort Worth, TX 76107  
Ph. 817-338-0909  
Fax 817-335-5852

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